



NEBRASKA  
Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986

**AFFIDAVIT OF NAME CHANGE**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, deposes and says:  
(Credential holder)

1. That Affiant holds credential number \_\_\_\_\_ to practice \_\_\_\_\_  
in the State of Nebraska.
2. That Affiant's credential was issued in the name of \_\_\_\_\_.  
Whose date of birth is \_\_\_\_\_  
and whose social security number is \_\_\_\_\_.
3. That Affiant wishes the credential record to be changed to the following name:  
\_\_\_\_\_.

Address: <input type="checkbox"/> Check if new address	Street/PO/Route:		
	City:	State:	Zip:
Telephone - Optional:		E-mail - optional:	

4. Affiant says reason for name change:

<b>Reason for Name Change- Please check one</b>		
<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Legal Change of Name

You **must** provide proof of name change. Documentation may include marriage license, divorce decree, Court Order of legal name change or other valid verification.

5. That all the statements herein are true and correct.

Further, Affiant saith not.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Seal or Stamp

\_\_\_\_\_  
Notary Public signature

I hereby request reissuance of the following credential(s):

Credential Type

Number of Credentials Requested

Check all that apply:

☐ small-size credential \_\_\_\_\_

☐ large-size credential \_\_\_\_\_

**You must submit \$10 for each reissued credential requested.**